

# Rapid Gender Analysis in Haiti

## The Impact of COVID-19

The pandemic has placed Haiti’s systems under strain and people are experiencing negative impacts of COVID-19. Women and vulnerable populations are deeply impacted by the crisis, and to better understand the situation of women, girls men and boys, identify specific needs, analyze the women’s and men’s leadership in the immediate community response, leadership viewpoints and coping strategies in related to COVID-19, CARE and ONU Femmes conducted a joint [Rapid Gender Analysis in Haiti](#) from May through September 2020. The Analysis showed that more than two-thirds of the infections are among people aged 20 to 49 and the case load is rising exponentially. The Rapid Gender Analysis (RGA) used key informants from three categories: community members, health personnel, state institutions, and local and international organizations. A household and key informant survey talked with 1,065 people in households, of whom 565 are women. The survey also reached 90 key informants, of whom 60 are women, and was conducted in the 9 departments and the metropolitan region, and showed that 45% of households were headed by women but in households with men, the men monopolized decisions and control of resources.

### The Rapid Gender Analysis in Haiti uncovered key findings on the COVID-19 crisis.



24% more women and 15% more men have lost employment due to COVID-19. 50% of men and 31% of women have seen their working hours reduced. In total, the percentage of women without employment before the pandemic was 16% and it is now 39%.

Agencies report a rise in gender-based violence in the range of 5% to 40%. Only 6% of women know how to access GBV services. Lack of resources to supply GBV focal points and appropriate equipment continues to hinder responding to survivors of gender-based violence.

Women (92%) are more likely to use negative coping mechanisms than men (86%), including greater reliance on borrowing food and help (35% vs. 28%), reducing the number of meals (78% vs. 71%), and reducing portion sizes (76% vs. 70%).



Access to health care remains a major challenge for 45% of men and 54% of women, for whom access to critical needs such as maternal health, family planning, and sexual and reproductive health are unavailable during the pandemic.

Healthcare (42.5% of women and 32% of men) and food (12% of women and 31.6% of men) remain as the top two priorities. Water is a major concern for all families and new hygienic standards in relation to COVID-19 further strains the water supply. Only 6% of children have access to education.

The majority of crisis management leadership is men, and men (68%) are more informed than women (57%) on health crisis decision making. Similarly, 20% of men as compared to 14% of women are involved in community-level decision-making.



The primarily resource losses for women are 42% agriculture/fishing, 35% overseas transfers, and 34% food from livestock/fishing. For men, top resource losses are 54% labor, 52% paid work, 39% ag./fishing.

Women make decisions on non-productive assets, and men make decisions on productive assets. 8% of men make those decisions on their own. Men’s participation in household chores has increased but women still spend 1.4 times more than men doing household chores.

44% of women and 66% of men reported working in the seven days prior to the survey. In contract, 44% of women and 26% of men reported that they have not worked in the last twelve months.

## Recommendations

- **Ensure employment and income by supporting women to undertake income-generating activities** related to COVID-19 to improve resilience, women's economic empowerment, and job growth. This entails providing technical and financial support to farmers to meet protect food security during the pandemic, including the needs of marginalized groups in recovery plans, and to track and share support for women's socio-economic recovery.

"In the context of the COVID-19 health crisis, it is the person who keeps his job or who still returns money who will have control of the family's resources."  
~Woman Community Leader Key Informant
- **Improve gender disaggregated data and access to information** which is crucial and includes strengthening the systemic production of gender inclusive data on COVID-19, targeting messages to different demographic groups, strengthening intervention protocols and information on services to respond to gender based violence, and deepening the Rapid Gender Analysis with further study of the impact of COVID-19 on women.
- **Include women, including the most marginalized, in all stages of response planning and implementation** to meet women's needs while strengthening their leadership for full participation in community management and protection; supporting women's, LGBTQ and disability organizations; catalyzing and capitalizing on the expertise and leadership of women's organizations and community leaders; strengthening women's access to information and use of technology; increasing funding for the Ministry of Women and facilitating greater involvement of women's organizations in the response to COVID-19.

"I just noticed a lack of involvement on the part of women in pandemic management, I don't really know what's stopping them from participation."  
~Woman Community Leader Key Informant
- **Protect girls and women from gender-based violence**, which entails awareness campaigns on GBV and promoting positive social norms to prevent violence (i.e. peaceful conflict resolution, positive masculinity, etc.); advocating for national classification of GBV services as essential services during crisis; strengthening public institutions to address the rise in gender based violence and support victims; building capacity of institutions and systems involved in GBV case management, services requests, and national data collection; strengthening the legal framework on violence against women and promoting elimination of discriminatory laws; and taking steps to include GBV as an essential service in state level funding.
- **Increase access to basic services** which includes safe water access; strengthening health facilities and capacities to prevent and control infection; facilitating access to maternal and reproductive healthcare; ensuring that the supply of personal protective equipment is adequate in healthcare facilities; supporting children's education and addressing educational inequities resulting from the closure of schools; distributing women's sanitary items and advocating to reduce the price of these items, intensify information and awareness campaigns on COVID-19; support vulnerable families with hygiene food security, and school items; and providing digital mapping on COVID-19 health response services.

"In general, it is the head of the house, the husband, who decides when a family member should seek healthcare. But I can make decisions about my sexual and reproductive health because I'm the one who's going through the situation, so it's up to me to choose how I want to live. In general, men do not agree with the idea that women adopt a family planning method, but sometimes they do so without the consent of their partner."  
~Woman Household Survey Participant

This document summarizes the full [Haiti Rapid Gender Analysis](#) written by CARE Haiti and UN Women (ONU Femmes) Haiti.